COMPOSITE HEALTH CARE SYSTEM

"Data Quality Tools You Can Use"

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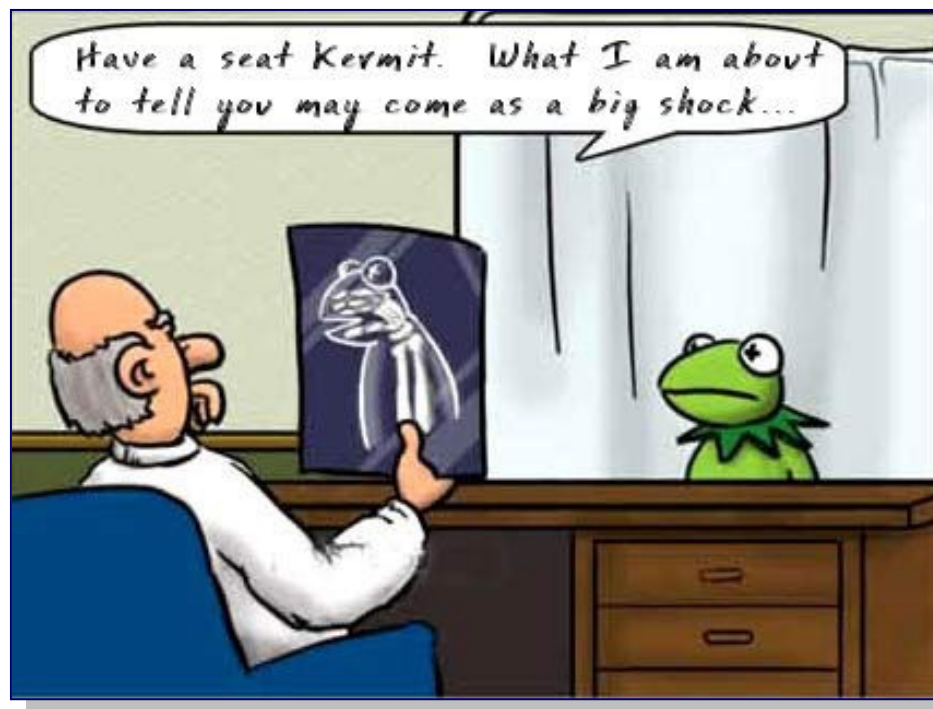**15 February 2006**

Agenda

- **Part 1 – Data Quality "Check Points"**
- **Part 2 – CHCS "Secrets Revealed"**
- **Part 3 – Data Quality "Radar" Screener**
- **Part 4 – Ambulatory Data Module**

Course Notes:

- **Hyperlinks can only be accessed from Slideshow Mode**
- **Imbedded Icons can only be accessed from Normal View**
- **See Notes View for Additional Details and Business Rules**
- **The data is real, only Patient Names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)**
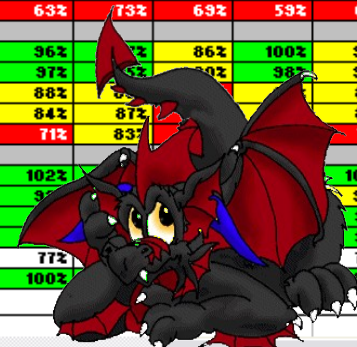- **Re-use of any charts, graphics or animations – <u>Encouraged!</u>**

TMASummarySeptember051.xls.xls

November (September (FY2005) Data Sources) 2005 DQMC Commander' Summary Sheet

NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter a

Color Code: Green (95-100), Yellow (80-94), Red (79 and below)

Question Key	AN Jul-05 Army	AO Jul-05 Air Force	AP Jul-05 Navy	AQ Jul-05 Svc Avg	AR Aug-05 Army	AS Aug-05 Air Force	AT Aug-05 Navy	AU Aug-05 Svc Avg	AV Sep-05 Army	AW Sep-05 Air Force	AX Sep-05 Navy	AY Sep-05 Svc Avg
			Percent Compliant				Percent Compliant				Percent Compliant	
1. Adherence to requirements for *daily* end-of-day processing procedure by all clinics												
a. Percentage of clinics in compliance	98%	94%	92%	95%	98%	94%	92%	95%	98%	93%	93%	95%
b. Percentage of appointments closed	99%	99%	98%	99%	99%	98%	99%	99%	100%	96%	99%	98%
2. IAW legal and medical coding practices have all the following occurred:												
a. % of Outpt. Encounters (non-APV) coded within 3 business days of encounter	92%	94%	84%	90%	92%	95%	85%	91%	92%	92%	87%	90%
b. % of APVs coded within 15 days of encounter	88%	82%	87%	86%	89%	82%	85%	85%	91%	81%	87%	86%
c. % of Inpt records coded within 30 days after discharge	94%	95%	93%	94%	97%	92%	97%	95%	98%	88%	94%	93%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"												
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated	92%	91%	100%	94%	92%	89%	87%	89%	94%	88%	79%	87%
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes completed/validate	100%	79%	100%	93%	100%	89%	100%	96%	100%	86%	93%	93%
c. Were the data load status, outlier/variance, WWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given	100%	75%	100%	92%	100%	91%	93%	95%	100%	85%	90%	92%
4. Compliance with TMA or Service guidance for timely submission of data												
a. MEPRS/EAS	89%	87%	100%	92%	83%	85%	97%	88%	92%	80%	83%	85%
b. SIDR/CHCS	96%	92%	100%	96%	93%	96%	100%	96%	94%	85%	100%	93%
c. WWR/CHCS	97%	95%	100%	97%	100%	96%	100%	99%	100%	96%	100%	99%
d. SADR/ADM	99%	97%	100%	99%	97%	99%	100%	99%	98%	98%	99%	98%
5. Outcome of monthly inpatient coding audit (DRG codes)	98%	85%	98%	94%	99%	89%	93%	94%	97%	68%	94%	86%
6. Outcome of monthly coding audits (# validated/# reviewed)												
a. % of records available for audit (O.H.or C.O.)	99%	88%	96%	94%	99%	89%	96%	95%	98%	85%	97%	93%
b. % of E&M codes deemed correct	85%	85%	79%	83%	85%	85%	80%	83%	82%	81%	79%	81%
c. % of ICD9 codes deemed correct	84%	81%	78%	81%	87%	80%	77%	81%	83%	78%	79%	80%
d. % of CPT codes deemed correct	92%	92%	84%	89%	93%	91%	83%	89%	91%	87%	87%	88%
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)	73%	69%	50%	64%	72%	70%	48%	63%	73%	69%	59%	67%
7. Outcome of monthly APV coding audits (# validated/# reviewed)												
a. % of APV records available for audit (O.H.or C.O.)	100%	92%	99%	97%	100%	91%	98%	96%		86%	100%	94%
b. % of E&M codes deemed correct (APV)	99%	95%	100%	98%	99%	95%	98%	97%		90%	98%	94%
c. % of ICD9 codes deemed correct (APV)	92%	78%	92%	87%	91%	78%	94%	88%				85%
d. % of CPT codes deemed correct (APV)	92%	60%	88%	80%	91%	75%	87%	84%	87%			85%
e. % of completed & current DD Form 2569s maintained in the APV record (Non-AD)	85%	62%	74%	74%	84%	54%	76%	71%	83%			75%
8. Comparison of reported workload data												
a. # SADR/# WWR visits	102%	98%	103%	101%	103%	98%	105%	102%				102%
b. # SIDR/# WWR dispositions	99%	96%	97%	97%	100%	96%	100%					94%
c. # EAS/# WWR visits	100%	98%	100%	99%	100%	97%	96%					97%
d. # EAS/# WWR dispositions	100%	95%	100%	98%	100%	94%	96%					95%
e. # IBWA SADR encounters (A""")/ # SUM WWR bed days	61%	70%	91%	74%	59%	79%	93%	77%				78%
9. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.	100%	100%	100%	100%	100%	100%	100%	100%				100%

Comments - September 2005

TMA DQMC Summary / TMA DQMC Service Summary / TMA Charts /

It Takes a Team!

- **Workload and Compliance Review**
- **Interface Data Validation**
- **Data Needed for the DQ Statement**
- **User Feedback and Staff Assistance**

```
Select PAD System Menu Option: SPOOLER Menu
     DSR     Delete Spooled Report
->> PSR     Print Spooled Report

Select Spooler Menu Option: ??
ADM Compliance Report FY05        07 Feb 2006@071917  ALSTON,BEVERLY L
ADM Compliance Report FY06        07 Feb 2006@072029  ALSTON,BEVERLY L
ALL POTENTIAL DUP PtNOV_05   05 Jan 2006@202514     MCCLAIN,TERENCE
Int-Err Jan02-Jan06 JHC           06 Feb 2006@0842     ALSTON,BEVERLY L
Int-Err Jan02-Jan06 PrevMed       06 Feb 2006@084308   ALSTON,BEVERLY L
Int-Err Jan02-Jan06 RHC           06 Feb 2006@084248   ALSTON,BEVERLY L
Int-Err Jan02-Jan06 SunnyPt       06 Feb 2006@084241   ALSTON,BEVERLY L
Int-Err Jan02-Jan06 WAMC          06 Feb 2006@084109   ALSTON,BEVERLY L
JCR CCE INTERFACE ERROR     03 Feb 2006@1243     REHDER,JOHN C
JCR DEERS PIT DISCR         03 Feb 2006@142743     REHDER,JOHN C
cmh WWR         06 Feb 2006@082457     HUGHES,CHRISTINA M
cmh meprs       03 Feb 2006@113001     HUGHES,CHRISTINA M
cmh msr         03 Feb 2006@113001     HUGHES,CHRISTINA M
cmh wam         06 Feb 2006@0826       HUGHES,CHRISTINA M
te IBWA 12-05 as of 7 feb         07 Feb 2006@144115     EVANS,TAMMY R
te SIDR 295                       07 Feb 2006@155636     EVANS,TAMMY R
```

DQ Manager Basic Issue

WE CAN DO IT!

Special Thanks to the WAMC "One Team" where DQ is Everybody's Business

Course Objectives

- **Understand DQ Building Blocks**
- **Highlight capabilities that support DQ**
- **Identify processes that impact DQ**
- **Provide DQ Tools You Can Use**
- **Where to locate Information**
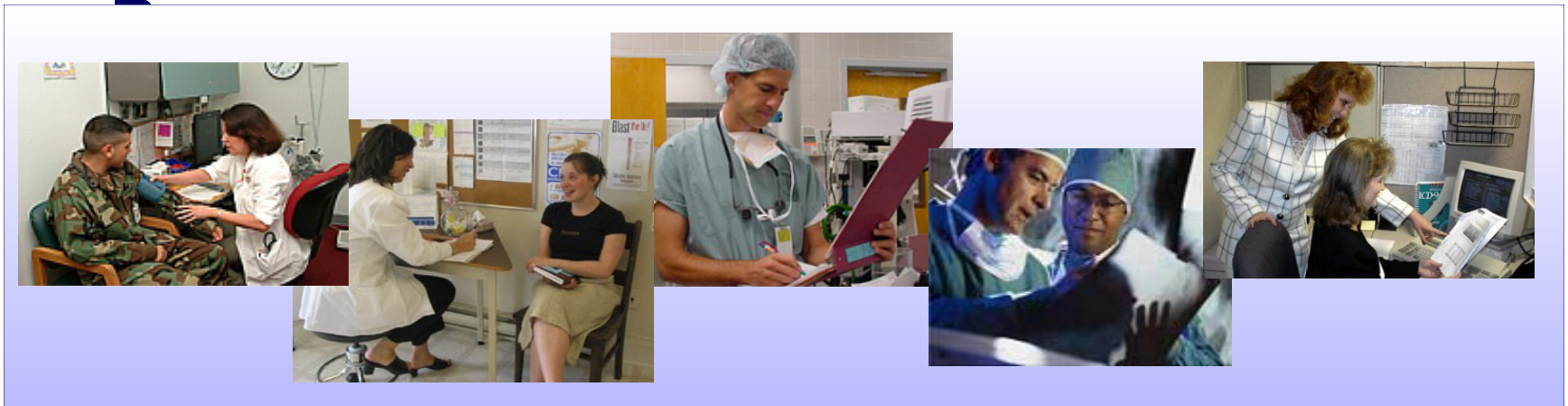
Data Capabilities
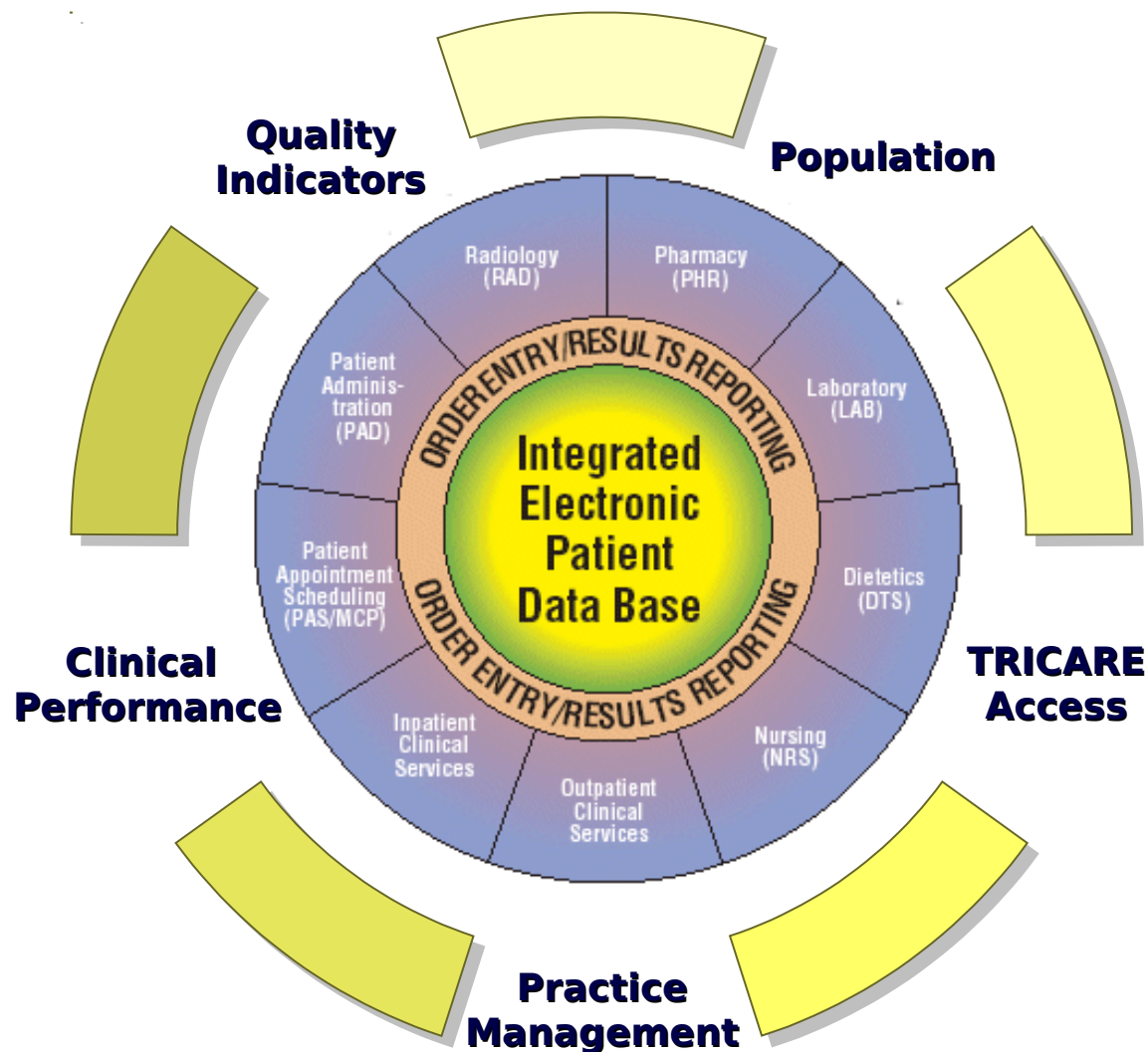
Since 1992…

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
  - "One of the world's first and largest hospital integrated enterprise Clinical Provider Order Entry (CPOE) systems in the world"[1]
  - 104+ CHCS Platforms world-wide supporting over 500 MTFs

- **Interfaces with more than 40 Clinical & Administrative systems:**
  - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
  - Resources - Expense Assignment System IV (EAS IV)
  - Billing - Third Party Outpatient Collections System (TPOCS)
  - Pharmacy - Pharmacy Data Transaction System (PDTS)

- **Standard tables for data consistency:**
  - ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
  - CPT/HCPCS (Outpatient Procedures and Services)
  - Federal and DoD standard tables
  - Site defined tables for MTF operations

[1] Mr. James C. Reardon, Military Health System, Chief Information Officer, U.S. House of Representatives, May 19, 2004

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In 2004...

- **Captured important patient information by automating the documentation of patient data for 9 million beneficiaries***

- **Documented over 50 million outpatient appointments***

- **Performed 70 million prescription transactions yearly***

- **Interfaced with the Pharmacy Data Transaction System (PDTS) that has prevented over 99,000 potentially life-threatening drug interactions***

- **Capabilities will be further enhanced with AHLTA to provide improved coding and expanded documentation of medical care***

Application Architecture

CHCS COMPOSITE HEALTH CARE SYSTEM

AHLTA

VT 400 Terminal Emulation

DEERS

ELIGIBILITY & ENROLLMENT

Graphic User Interface

Data Mart

CDM

CDR

CLINICAL DATA REPOSITORY

CHCS Host Patient

Standard Files and Tables (DMIS, ICD-9, CPT/HCPCS, DRG, National Drug Codes, Zip Code,

Site Defined Files and Tables (Locations, Providers, Users, Formulary, Tests/Procedures, ADM

Application Business Rules

Inpatient Admissions and Dispositions (PAD)	Outpatient Appointment Scheduling Managed Care Program (PAS/MCP)	Ambulatory Data Module (ADM)

Clinical Order Entry and Results Reporting

Laboratory (LAB)	Radiology (RAD)	Pharmacy (PHR)	Consults	Nursing Orders	Medical Services Accounting (MSA)	Workload Assignment Module (WAM)

CHCS Generic Interface Specification (GIS) for (HL7) and Electronic Transfer Utility (ETU)

LAB INSTRUMENTS	DIN-PACS	PDTS
CO-PATH	VOICE RAD	ATC
LAB-INTEROP		BAKER CELL
DBSS		PYXIS
HIV		VOICE REFILL

HL7, M/OBJECTS, ESI-OBJECTS OR CUSTOM INTERFACES

AHLTA	TRANSPORTABLE CPR
ICDB/HEALTHeFORCES	TRAC2ES
EI/DS	CAC
DoD/VA SHARING	UCAPERS
CODING/COMPLIANCE	NMIS
CIS	DRG ENCODER/GROUPER
AUDIO CARE	CODING EDITOR (CCE)

FTP DATA TRANSFERS

TRICARE OPS
SIDR/SADR
EAS EXTRACT
WWR
MEPRS-EAS
TPOCS

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DQ Building Blocks

```
                    ┌──────────────────────────────┐
                    │     DMIS Group Parent         │
                    │         (DMIS ID)             │
                    └──────────────────────────────┘
```

Treatment MTF Division (DMIS ID)	Treatment MTF Division (DMIS ID)	Treatment MTF Division (DMIS ID)

Department/Service/Product Line   Department/Service/Product Line   Department/Service/Product Line

4th Level FCC	4th Level FCC	4th Level FCC	4th Level FCC	4th Level FCC	4th Level FCC	4th Level FCC	4th Level FCC

Hospital Locations	Hospital Locations	Hospital Locations	Hospital Locations	Hospital Locations	Hospital Locations	Hospital Locations

- ▪ **Workload is captured and reported by:**
  - Group Parent Defense Medical Information System (DMIS ID)
  - Treatment MTF DMIS ID
  - 4th Level MEPRS Code also known as Functional Cost Code (FCC)
  - Department/Service and Hospital Location (Available only at the Local Level)
- ▪ **Hospital Locations "Places of Care" support MTF Business Processes, such as:**
  - Managed Care (Primary Care Manager) Teams
  - Wards, Clinics, Ambulatory Procedure Units, File Rooms, Remote Locations, etc.

Hospital Location

- **Identifies the type of work performed:**
  - Ward, Clinic, Imaging, Lab, Pharmacy, File Area, Ambulatory Procedure Unit, Remote/External, etc.
- **Multiple Hospital Locations can be linked to the same 4th level FCC:**

GRP	MTF	FCC	CHCS DEPT/SERVICE/LINE	CLINIC LOCATION NAME	WKLD TYPE	FCC DESCRIPTION
0089	0089	BGAA	FAMILY MEDICINE SERVICES	FAMILY PRACTICE T-CON	NON-COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM SPORTS MEDICINE	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM DUTY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM HONOR	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM INTEGRITY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM RESPECT	COUNT	WAMC FAMILY MEDICINE
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-BLUE TEAM	COUNT	JOEL HEALTH CLINIC
0089	728					

Hospital Location

```
CHCS Menu Path
---------
 DAA    Data Administration Menu
  CFT    Common Files and Tables Management Menu
   CFM    Common Files and Tables Maintenance Menu
->> HOS    Hospital Location File Enter/Edit


HOSPITAL LOCATION: DQ FAMILY PRACTICE                    DOD HOSP LOCATION EDIT
                    NAME: DQ FAMILY PRACTICE
                  ABBREV: DQFP
             DESCRIPTION: DQ FAMILY PRACTICE
           LOCATION TYPE: CLINIC
                 SERVICE: FAMILY PRACTICE
                DIVISION: DIV A - TRAINING HOSPITAL
                FACILITY: WALTER REED AMC WASHINGTON DC
             MEPRS CODE: BGAI/0037
         COST POOL CODE:


PROMPT FOR REQUESTING SERVICE: YES
            ENROLLEE LOCKOUT: YES
             TYPE OF CARE: BOTH SPECIALTY AND PRIMA


Select CLINIC SPECIALTY:
FAMILY PRACTICE/PRIMARY CARE


Select DUPLICATE CHECKING ORDER TYPE:


INACTIVE FLAG:
```

> Sets relationship between Hospital Location, FCC and MTF DMIS ID

Provider File

- **Establishes Provider Privileges for Ancillary Order Entry and Admission Processing**

- **Key Elements:**
  - **Provider ID (Short Name)**
  - **Provider Class->Signature Class**
  - **Medical Specialty->HIPAA Taxonomy->CMAC Class**
  - **Default Ancillary Order Requesting Location**
  - **Associated Clinic Locations**
  - **Active AHLTA(CHCS II Account)**

Provider Medical Specialty/HIPAA Taxonomy

  - **View Informational "Provider Specialty Utility"**

See Notes View for Provider File Business Rules

Provider Specialty Utility

```
CHCS Menu Path
---------
 PAD System Menu (DG USER)
    Data Quality Reports Menu (DOD DQ REPORTS MENU)

    DQL     DQ Hospital Location Report
    DQS     Pharmacy Site DQ Report
    DQP     DQ Provider Default Report
->>DQR     Re-Order Provider Specialty Utility

Select Data Quality Reports Menu Option:


                    DQM Re-Order Provider Specialties Utility
  This utility will ensure that the first Provider Specialty in the PROVIDER SPECIALTY
 multiple field is mapped to a taxonomy code.  If not, the utility will find the first
 Provider Specialty entry in the multiple that is mapped to a taxonomy code and switch
 the two entries.  Providers that do not have any specialties that map to a taxonomy code
                 will be placed on the spooled exception report.


DQM Re-Order Provider Specialties Utility History
                                                            Num Providers
Spool File Name                        User Name          Convert  Except
=================================================================================
DQM_PROV_SPEC_CONV_RPT 22Jan2005-0343    HOPKINS,LINDA M       714     561
DQM_PROV_SPEC_CONV_RPT 09Feb2005-2111    HOPKINS,LINDA M         5     560
```

Need more information about a CHCS Report?
Enter ??? (3 Question Marks) to display an explanation of the report.

Provider File

```
CHCS Menu Path
---------
  DAA    Data Administration Menu
   CFT    Common Files and Tables Management Menu
    CFM    Common Files and Tables Maintenance Menu
 ->> PRO    Provider File Enter/Edit

PROVIDER:  QUIRT,RICHARD                              DA PROVIDER EDIT
                     Name:  QUIRT,RICHARD
              Provider Flag:  PROVIDER
               Provider ID:  QURITR
             Provider Class:  PHYSICIAN
                      SSN:  123-45-9999
Select PROVIDER SPECIALTY:
  FAMILY PRACTICE PHYSICIAN (001)
  FAMILY PRACTICE/PRIMARY CARE (923)
Primary Provider Taxonomy: 207Q00000X
     CMAC Provider Class: 01 - MEDICAL DOCTOR/DOCTOR OSTEOPATHY
Select  PROVIDER TAXONOMY:
  207Q00000X
                    Location: DQ FAMILY PRACTICE
               HCP SIDR-ID: 001289
           Branch of Service: MARINE CORPS
                      Rank: CAPTAIN
   Active CHCS II Account: YES

Select ASSOCIATED CLINIC:
  DQ FAMILY PRACTICE
  MEDICAL EXAMINATION CLINIC
```

- **Provider Class determines Ancillary Order Entry Privileges based on mapping to Signature Class**

- **All Direct Care Providers MUST have a Direct Care Medical Specialty <905**
- **FY 06 is the last year workload will be accepted without a valid Medical**

Clinic Profile

- **Identifies Providers that can have Clinic Schedules**
- **Establishes Workload Type for the Clinic:**
  - **Count**
  - **Non-Count**
- **Non-Count Clinics <u>cannot</u> have Count Visits:**
  - **Immunization Clinic**
  - **Nurse T-CON Clinic**
  - **EKG Reads**
- **Establishes Appointment Types for the Clinic:**
  - **Count**
  - **Non-Count**
- **AHLTA supports Workload Type set by CHCS:**
  - **Clinic Profile**
  - **Appointment Type**
  - **Provider Profile**

Clinic Profile #1

```
CHCS Menu Path
---------
 CA     Core Application Drivers Menu
  PAS     PAS System Menu
           Scheduling Supervisor Menu
   PROF    Profiles Menu
->> CPRO   Clinic Profile Edit


                        CLINIC PROFILE

Hospital Location: DQ FAMILY PRACTICE
-------------------------------------------------------------------------------
                Name: DQ FAMILY PRACTICE
        Abbreviation: DQFP
            Facility: WALTER REED AMC WASHINGTON DC
            Division: DIV A - TRAINING HOSPITAL
       Building Name:
     Building Number:
     Clinic Location:
  Clinic Availability:
           Telephone:
     Enrollee Lockout: YES
         Type of Care: BOTH SPECIALTY AND PRIMARY CARE
             Service: FAMILY PRACTICE
          Department: MEDICAL CARE DEPARTMENT
          MEPRS Code: BGAI
```

Clinic Profile #2

```
CLINIC PROFILE
HOSPITAL LOCATION: DQ FAMILY PRACTICE
-------------------------------------------------
            Wait List Activated:
   Wait List Provider Mandatory:        Wait List Hold Duration:      day(s)
      Auto Wait List Processing:        Schedule Hold Duration:    1 day(s)
  Prompt for Requesting Service: YES      Patient Record Pull:    1 day(s)
             ->> Clinic Type: ??        Radiology Record Pull:      day(s )
```

```
ANSWER 'COUNT' IF CLINIC WORKLOAD SHOULD BE COUNTED IN WORKLOAD REPORTING  OR
'NON-COUNT' IF CLINIC WORKLOAD SHOULD NOT BE COUNTED IN WORKLOAD REPORTING

This field offers authorized site personnel to identify those
clinic hospital locations are "count" or "non count" workload
clinics.

        (M)ore help, (L)ist of values, or (Q)uit? L
            Keyboard Help = PF1,HELP

CLINIC PROFILE

HOSPITAL LOCATION: DQ FAMILY PRACTICE
-------------------------------------------------

Select DETAIL CODES:
   WEA        WEB AND MCP BOOKABLE
   BPAP       ACTIVE DUTY AND PRIME ENROLLEES
```

- **WEA allows Appt to be booked using TRICARE On-Line**
- **Too Many Detail Codes may result in Open Appointments**

Clinic Profile #3

```
                              CLINIC PROFILE

  CLINIC PROFILE
 HOSPITAL LOCATION: DQ FAMILY PRACTICE
 APPOINTMENT TYPE: WELL
 ----------------------------------------------------------------------------
                    Duration: 30                        Status: ACTIVE
               Workload Type: COUNT               Referral Required:
          Pull Patient Record: NO            Pull Radiology Record: NO
       Produce Encounter Forms: NO             Send Reminder Notice: NO
          Total # of Overbooks:          Max # of Overbooks Per Slot:
                  Instructions:
 Select BOOKING AUTHORITY:



 Select APPT CHANGE AUTHORITY:



 Select OVERBOOK AUTHORITY:
```

Sets the Workload Type for the Appointment Type

Linking It All Together
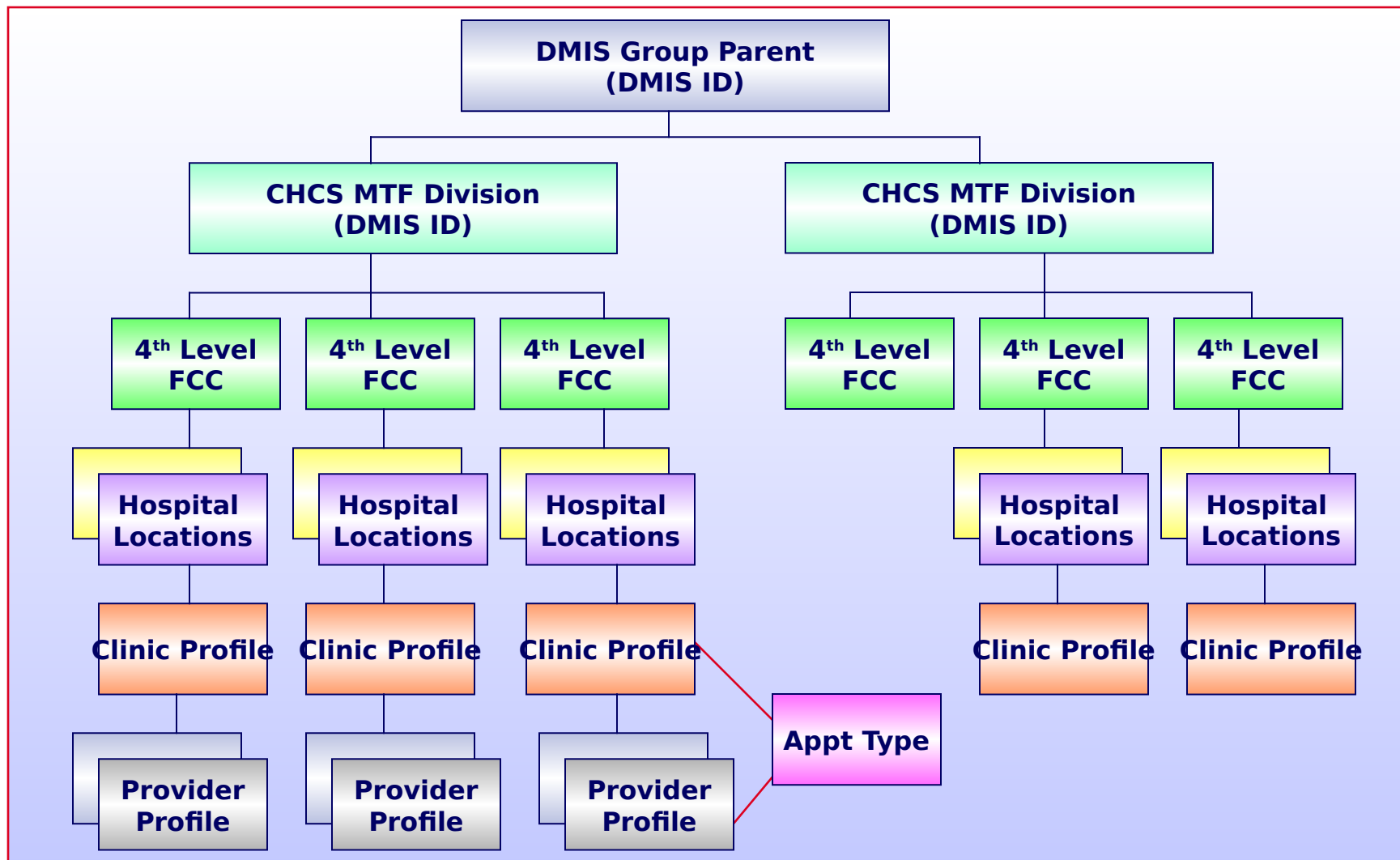
"Secrets Revealed"

Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
  - **Type OLUM (from any Menu display in CHCS)**
  - **Select IND to access the OLUM Index**
  - **Select CHCS Sub-System (Scroll Down for Data Admin and Ad-Hoc Users Guides)**
  - **Browse or Find topic of interest such as "Hospital Location"**

E-Help in CHCS

OLUM Topic Index

CHCS - Persona

PERSONA™
Disconnect | Edit | Commands | Print | Hold | Security | Help

PAS ONLINE USERS MANUAL INDEX
""

1	Activate/Inactivate Clinic Provider	2.3.8.1
2	Activity Date and ER Clinic Edit	2.5.12
3	Ad Hoc Report Menu	2.3.7
4	Inquire to File Entries	2.3.7.1
5	List File Attributes	2.3.7.4
6	Print File Entries	2.3.7.2
7	Search File Entries	2.3.7.3
8	Ambulatory Care Embossed Card	2.4.8.4
9	Ambulatory Care Record Cover Sheet	2.4.8.3
10	Ambulatory Care Wristband	2.4.8.2
11	Ambulatory Procedure Visits Menu	2.4.8
12	Ambulatory Care Embossed Card	2.4.8.4
13	Ambulatory Care Record Cover Sheet	2.4.8.3
14	Ambulatory Care Wristband	2.4.8.2
15	APV Minutes of Service Enter/	2.4.8.1
16	Appointment Type Enter/Edit	2.3.1.5
17	Appointment Type List	2.3.1.8.5
+	18	Appointment Utilization Report	2.3.4.3.1

Browse Find Glossary Help backUp
Access text and browse through information.

Use Select (*) Key to Access Index Topic

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Detailed Documentation


```
CHCS - Persona

PERSONA™   Disconnect  Edit  Commands  Print  Hold  Security  Help

PAS 2.3.4.3.8   MONTHLY STATISTICAL REPORT
""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""""
                        MONTHLY STATISTICAL REPORT
     ------------------------------------------------------------------

     The Monthly Statistical Report option provides monthly statistics for the
     clinics, divisions, and the facility group.  Under the present workload
     accounting system, the system provides one unit of work for each clinic
     per one patient visit.  The system calculates inpatient/outpatient
     workloads based on the MEPRS code of the clinic.

     The Monthly Statistical Report breaks down into five parts as follows:

          Part 1 - Who saw the patient:  This part of the Monthly Statistical
          Report is divided into two sections.

          Section 1 lists the number of inpatient clinic visits the number of
          outpatient clinic visits, and the total number of patient
          appointments in the specified clinic by appointment type and MEPRS
          code for the specified date range for both count and non-count
     +    (occasions of service) workloads.

Browse    References    backUp    Glossary    Help    Quit
Access text and browse through information.
```

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Report Sample

Patient Registration

- **Establishes required fields to uniquely identify patient in the CHCS database**

- **Performs checks to prevent creation of duplicate patients**

- **Requires the Fileman "&" (Ampersand) key to create new entries - Limit users given this Key**

- **Performs DEERS query to obtain Enterprise Person ID (EDI-PN), Eligibility Status and "Lock Down" key person identifiers**

- **Allows Pseudo-SSNs (800-YY-MDDD)**

- **Allows users with Full or Mini-Registration Access to update:**
  - **Drug Allergy Information**
  - **Address and Contact Information**
  - **Outpatient Medical Records Location**
  - **Patient Category – to identify beneficiary relationship to the MHS**
  - **Station/Unit ID – MTFs can create locality specific Unit ID Table**

Tools you can use: (See Patient Registration)

http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp

Mini-Registration

```
    Patient: HEATLHE,PATIENT                          Mini Registration
FMP/SSN: 30/800-27-0816        DOB: 03Jan26        PATCAT: A43    Sex: F
--------------------------------------------------------------------------
        Patient: HEALTHE,PATIENT                         DOB: 03 Jan 1926
        *PATCAT: A43 (USA FAM MBR RET)                  *FMP: 30
   *Home Phone: 9104881212        W:                    *SSN: 800-26-0103
  *Patient Addr: 2817 REILLY RD                          Sex: FEMALE
          *City: FAYETTEVILLE        *St/Cntry: NC    *Zip: 28311-1433
        Sponsor: HEALTHE,SPONSOR                      Service: ARMY
            FMP: 20       Sex: MALE            Sponsor SSN: 800-27-0816
         PATCAT: A31 (USA RET LOS OFFICER)             DOB: 16 Aug 1927
    Command Sec:                                       Rank: COLONEL
      Local UIC:
   Duty Address:
           City:                     St/Cntry:         Zip:
     Duty Phone: 486 1212CELL                          DSN:
    *O/P Rec Loc: CLARK HC RECORDS
```

- **Patient Demographic items in red (*) can be updated by MTF Staff that have Mini-Reg Access**
- **Patient Category cannot be updated in Mini-Reg for current Inpatient, Corrections Management must be used**
- **Updates to AHLTA Demographics and Contact Information must be made in CHCS**
- **See Notes View for additional details and Business Rules**

CHCS/DEERS Update/Sync

```
                    CHCS/DEERS DISCREPANCY DISPLAY
     Name: RESERVE,RECALLED DUTY        FMP/SSN: 20/800-61-1107
       Patient Category: USA ACTIVE DUTY        SEX/DOB/AGE: F/11Jul1961/43Y
   --------------------------------------------------------------------
                    DEERS                              CHCS
   --------------------------------------------------------------------
      Name      First: RECALLED               RESERVE,RECALLED DUTY
               Middle: DUTY
                 Last: RESERVE
             Cadency:
                  SSN: 800611107               800611107
                  DOB: 11 Jul 1961             11 Jul 1961
      *           Sex: MALE                    FEMALE
      Mailing Address: 707 DATA QUALITY DR     707 DQ DR
                 City: HOPE MILLS              HOPE MILLS
        State/Country: NC                      NC
                  Zip: 283485673              28348-5673
           Home Phone: 9109071212             9109071212
      +   Sponsor Rank: PETTY OFFICER FIRST CLASS   PETTY OFFICER FIRST CLASS
   --------------------------------------------------------------------
   Use SELECT (*) key to select the item(s) to update
```

Reservists Recalled to Active Duty >30 Days should be entered as Active Duty.

DG REG SYNC Security Key required to process CHCS/DEERS Updates

```
CHCS User is Prompted to Confirm Update:
Do you want to change Patient ADDRESS
  From: 707 DQ DR, HOPE MILLS, NC 28348-5673
    To: 707 DATA QUALITY DR, HOPE MILLS, NC 283485673?
```

DEERS Address Updates

- **Do not use % * ~ ? [ ] { } in the address field**
- **Enter complete Phone Number including Area Code**

- **Rules for CHCS/DEERS Address Updates:**
  - CHCS requests eligibility data from DEERS, for NEW Registrations.
  - Address information obtained from DEERS is downloaded into CHCS.
  - A date/time stamp is associated with the address update.
  - If the patient is found in DEERS, the DEERS Patient Identifier (EDI-PN) is downloaded to the CHCS patient file.
  - When the address is updated on CHCS, a message is generated for the patient and sent to DEERS, ONLY IF there is a Patient Identifier (EDI-PN) in CHCS, without this ID DEERS can't make a match.
  - When DEERS receives update message, it compares the address update date/time to whatever date/time is on file in DEERS. If the message from CHCS isn't "fresher" than the data on file, it is dropped.
  - After the initial registration, CHCS does not update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

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Duplicate Patients

- **Contains logic to prevent creating duplicate patients**
- **Some duplicates can not be avoided:**
  - **Typographical errors**
  - **Transcription Errors (Can't read handwritten registration form)**
  - **Name & Sponsor Changes**
  - **Pseudo-SSNs**
  - **Mail-In Labs (Creates Pseudo Patient Name)**
  - **Lack of Dual Eligibility Patient Indicator**
- **Potential Duplicate Patient Search identifies potential duplicates for DQMC Review List Item C.2.**
- **User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Items a) to d)**
- **Dedicated POC needed to investigate duplicates and perform patient merges on CHCS**

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Duplicate Patient Prevention

- **Potential Risk to Patient Safety!**
  - CHCS cannot perform Drug-Allergy checks across duplicate records
  - PDTS may miss critical Drug-Drug checks
  - Important clinical history may not visible in CHCS and AHLTA

- **Train Patient Look-Up Processes:**
  - Verify against Military ID Card/CAC Card
  - First Initial of Last Name + Last 4 Sponsor SSN –> C1234
  - Partial Name –> COLON,C
  - Full SSN –> 123-44-1234
  - Hyphenated Last Names

Duplicate Patient Search

```
            ALL POTENTIAL DUPLICATE PATIENTS SEARCH
  CHCS MTF                                        14Feb2005@1015
  Matching Criteria Level: STANDARD      Total Number of Patients: 675254
  --------------------------------------------------------------------
      Date/Time      Type       Criteria   Sort     #Found/#Searched   Status
      27Jan2005@1454  All    (U) Standard  FMP/SSN   * Updated *      DONE
      25Jan2005@1109  All        Standard  FMP/SSN   421/673769       DONE
      20Jan2005@1323  All        Standard  FMP/SSN                    CANCELLED
      03Jan2005@1116  All        Standard  FMP/SSN   43  71425        DONE
      29Dec2004@1042  Reg        Standard  FMP/SSN       522          DONE
      30Nov2004@1336  Reg        Standard  FMP/SSN                    DONE
      29Nov2004@0917  Reg        Standard  FMP/SSN                    DONE
  +   18Nov2004@1459  All        Standard  FMP/SSN
  ────────────[Previous Searches Completed: 32]────────────
  All    Registration    Alpha    Updated    Help
  Search for All potential duplicate patients.
```

Total Number Duplicates, includes ALL Duplicates in the CHCS database, Not just those created for the Reporting Month

- CHCS option available to search All Potential Duplicates or for New Registrations for a given date range
- Registration Report includes User Names creating Duplicates
- CHCS duplicates are managed locally
- Merged CHCS patients routinely reported to AHLTA (CHCS Sys Admin)
- AHLTA duplicates require an MHS Trouble Ticket

Registering User Report

```
WOMACK AMC FT BRAGG NC                                 05 Jan 2006@2025        Page 4
               REGISTRATION DATE POTENTIAL DUPLICATE PATIENT LIST TOTALS
                                        Run Time: 05 Jan 2006@1704
Range: 01 Nov 2005 To 30 Nov 2005              Matching Criteria Level: STANDARD
                     Sort Criteria: FMP/SSN
==================================================================
T O T A L S:

    Total Searched ................................  2591
    Total Found ....................................    16
    Total Identified Duplicates ...................     0
    Total Excluded ...............................      0
    Total Merged ...............................        0
    Total Unresolved ...........................       16
```

Duplicates Created during the reporting Month

- **Report also lists Users creating duplicates**

- **Coordinate with Users creating duplicates as outlined in the DQMC Review List**

- **Consider removing "&" (Ampersand) until process problems resolved or update training completed**

Other Heath Insurance

- **CHCS is the source system for the capture of Other Health Insurance (OHI):**
  - Used to bill for both Inpatient and Outpatient services
  - Primary, Secondary and Tertiary Health Coverage
  - New and Updated OHI sent to TPOCS daily
  - OHI cannot be entered for Active Duty and Civilian Patient Categories
- **Daily transfer of the DD2569 to the UBO!**
  - Entry/Update of OHI in CHCS within 3 calendar days required to prevent manual outpatient billing in TPOCS
- **Spring 2006 - DEERS will become the source system for OHI:**
  - BOTH "Yes" and "No" DD2569's will need to be provided to the UBO – Daily…

Synchronizing Processes

Date of Service	1-> Billing HOLD Services in CHCS OIB Suspense File Update OHI	2-> Billing HOLD Services in CHCS OIB Suspense File Update OHI	3-> Billing HOLD Services in CHCS OIB Suspense File Update OHI	MSA/TPOCS Billing

Annual Update of DD2569

File DD2569 in Medical Record

Enter Coding into CHCS ADM/AHLTA

Coding Audit Review

MANUAL RE-WORK

Manually Bill for Prior Covered Services

If OHI is for DD7A Billable Beneficiary, Exclude DD7A Charges in MSA

Send DD2569 to UBO

DD 2569 Other Health Insurance

Verify Insurance Coverage

If new OHI - Check for Prior Billable Services

Enter/Update OHI in CHCS

Encounters Completed AFTER 3 Business Days Will Still Be Automatically Sent to Billing

Time to Break...

Visit Criteria???

- **MEPRS Workload Reporting guidelines establish the definition for:**
  - **"Count" Visits**
  - **"Non-Count" Visits**

- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
  1. **Interaction between patient and healthcare provider**
  2. **Independent judgment/assessment of patients condition, regardless of Skill Type, to accomplish one or more of the following:**
     - Examination
     - Diagnosis
     - Counseling
     - Treatment
  3. **Documentation**

Focus Shifting from Counting "Visits" to Measuring Work/Services Provided

Workload Assignment

- **Workload Capture Elements:**
  - **DMIS Group Parent**
  - **Treating MTF DMIS ID**
  - **4th Level MEPRS Code (FCC)**
    - Inpatient – "A" Level FCCs (Occupied Bed Days only)
    - Outpatient – "B" Level FCCs and FBN* (Dental – "C" Level FCCs)
    - Ancillary – "D" Level FCCs
  - **Clinic Type (Count Visits Only)**
  - **Patient Category (Rolls up to Beneficiary Category)**
  - **Patient Status (Inpatient/Outpatient)**
  - **Appt Status (KEPT, S-CALL, WALK-IN or T-CON)**
    - Occ-Svc, Cancels and No-Shows not reported as Workload
  - **Inpatient OBDs**
  - **Requesting/Performing Location (Ancillary Services)**

Reconciling Clinic Visits

- **End of Day-> "Every Clinic – Every Day"**
  - Evening Clinics and ER -> Next morning
- **Process Cancels and No-Shows – As they occur:**
  - Patient Cancel allows appointment to be re-used
  - Future appointment cancellations entered in AHLTA will update CHCS
- **Duplicate Same Day/Same Clinic Visits:**
  - Patient seen in AM returns in the PM is a continuation of care
  - Patient seen by Nurse/Tech and the Provider (Same day/Same Clinic is also a continuation of care)
- **CHCS Tools You Can Use:**
  - WWR Audit Report displays potential "Duplicate Visits" within the same 4th Level MEPRS – But not very efficient
  - CHCS PAS End of Day Report
- **See Back Up Informational "Same Day/Same Clinic" Ad Hoc Report**

EOD Best Practices…

Same Day/Same Clinic Visits

- **CHCS Ad-Hoc report to identify Same Day/Same Clinic Appointments**
- **Generates an ASCII File for import into EXCEL**
- **See your CHCS Administrator, to import the Ad-Hoc query and create CHCS Menu Option**
- **CHCS System Administrator Instructions:**
  - **Convert to Text File before Import**
  - **Set any CHCS Internal Entry Numbers (IENs) for Hospital Locations to be excluded**

Microsoft Word Document
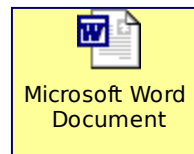
Thank you to our WAMC DBA John Rehder for his DQ support

Inpatient Visits

```
                        WALK-IN SEARCH CRITERIA
    Patient: HEALTHE,YOU                      FMP/SSN: 30/800-11-2255
    Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC    ATC Category:
    Clinic Phone:                            Appt Type: ACUTE APPT
    Provider: QQQCHCSIITEST,BRAGGDOCA        Duration:
    Detail Codes:                            Srv Type:
    Time Range: 0950 to 0950                 Days of Week:
    Dates: 14 Feb 2005 to 14 Feb 2005
    ------------------------------------------------------------------


    ------------------------------------------------------------------
    This is an inpatient.
    Are you from the attending service? No//
```

- **Both CHCS and AHLTA will prompt:**
  - **(CHCS) Are you from the attending service? No//**
  - **(AHLTA) Related to Inpatient Stay?:**
- **Allied Health Providers-> Accept CHCS default of "NO"**
- **Consulting Providers-> Accept CHCS default of "NO"**
- **Only the Attending Clinical Staff of the Same Clinical Service should answer "YES"**
  - **The Visit will be a Non-Count and assigned an "A" Level MEPRS code associated with the current inpatient Clinical Service**

Appointment/Visit Reporting

```
CHCS Menu Path
---------
PAS -> PAS System Menu (SD PAS MAIN MENU)
  S -> Scheduling Supervisor Menu (SD PAS SUPER)
    M -> Management Reports Menu (SD SUPER MAINT-REPORTS)
   ->> S -> Statistical & Workload Reports Menu (SD STAT-WORKLOAD REPORTS MENU)

This list of Clinic Reports should display:
    1      Appointment Utilization Report – Recommended
    2      Clerk Workload Recap Report
    3      Clerk Workload Report
    4      Clinic Workload Report – Recommended
    5      Command Facility Workload Recap Report
    6      Facility Cancellation Statistical Report
    7      Initial and Follow-up Clinic Visit Report
    8      Monthly Statistical Report – Strongly Recommended!!!
    9      Next Available Appointment Report
    10     No-Show Statistical Report
    11     Patient Cancellation Statistical Report
    12     Access to Care Report by ATC Category – Recommended
    13     Access to Care Report by Clinic/Provider/Program

Select Statistical & Workload Reports Menu Option:
```

See also TRICARE Ops Center http://www.tricare.osd.mil/tools/

- New Appointment Tool (AAT) Updated Daily (Data by Date)!
- No need to wait until the End of the Month!

Monthly Clinic Statistics

- **CHCS Monthly Clinic Statistical Report provides Both Appointment and Visit Accountability:**
    - Hospital Location
    - 4th Level FCC
    - Provider
    - Patient Category
    - Inpatient/Outpatient Visits
    - Count/Non-Count Visits
    - Appointment Type
    - Division Summary

- **Excellent tool for Provider FTE Reporting Reconciliation, as it includes ALL Outpatient Visits (Both Count & Non-Count by Appointment Type)**

Appt Type & Visit Detail

```
WOMACK ARMY MEDICAL CENTER                           04 Jan 2006@1004     Page 295
                          MONTHLY STATISTICAL REPORT by GROUP
                              From: Dec 2005     To: Dec 2005
Division: WOMACK AMC FT BRAGG NC                     Department:  MEDICINE DEPT
==================================================================================
   Appt    MEPRS/DMIS           |    COUNT WORKLOAD   | NON-COUNT WORKLOAD
   Type    Code                 |  # In  # Out  Total |  # In  # Out  Total
==================================================================================
CARDIOLOGY
----------
  Provider: LEXXX,TXXXXXX C
   ACUT   BACA/0089                 0      1      1       0      0      0
   EST$   BACA/0089                 0      6      6       0      0      0
   PROC$  AAAA/0089                 0      0      0       9      0      9
          ADBA/0089                 0      0      0       1      0      1
          AGAA/0089                 0      0      0       4      0      4
          BACA/0089                 1     73     74       0      1      1
   Subtotal:                        1     73     74      14      1     15

   SPEC   AGAA/0089                 0      0      0       1      0      1
          BACA/0089                 0      3      3       0      0      0
   Subtotal:                        0      3      3       1      0      1
  Provider Total:                   1     83     84      15      1     16

  Provider: RAVXXX,MXXXX A
   ACUT   BACA/0089                 0      2      2       0      0      0
   EST$   BACA/0089                 0     21     21       0      0      0
   PROC$  BACA/0089                 0      7      7       0      0      0
   SPEC   BACA/0089                 0      1      1       0      0      0
   T-CON* BACA/0089                 0      4      4       0      1      1
  Provider Total:                   0     35     35       0      1      1
Clinic Total:                       2    363    365      34     10     44
```

Worldwide Workload

```
WOMACK AMC FT BRAGG NC                    WORLDWIDE WORKLOAD REPORT - SECTION I.A.2              04 Jan 2006 1158    Page 7
DMIS ID: 0089 (Roll-up Report)                      Reporting Period: Dec 2005
                                                    Calculated: 04 Jan 2006 1114
                                     TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS
                                                                                         Item 00 = Basic
TYPE OF REPORT (CHECK BOX):  ()Initial  (X)Monthly  ()Final  ()Corrected                  Item 01 = Live Birth
--------------------------------------------------------------------------------------------------------------------------
Item   MEPRS/DMIS    Clinic Service                Admissions      Bed         Sick        Inpatient    Outpatient   Ambulatory**
         PATCAT                                                    Days        Days        Visits       Visits       Proc Visits
--------------------------------------------------------------------------------------------------------------------------

       BAC5/0089      APV CARDIOLOGY                    -           -           -                        [6]          (6)

         A11  USA ACTIVE DUTY                           -           -           -           -            2           (2)
         A31  USA RET LOS                               -           -                       -            1           (1)
         A43  USA FAM MBR RET                           -           -                       -            2           (2)
         F43  USAF FAM MBR RET                          -           -                       -            1           (1)

       BACA/0089      CARDIOLOGY CLINIC                                                     [2]          [385]        -

         A11  USA ACTIVE DUTY                                                               -            108          -
         A12  USA AD RES                                                                    -            2            -
         A31  USA RET LOS                               -           -                       2            80           -
         A32  USA RET PDRL                              -           -           -           -            1            -
         A41  USA FAM MBR AD                            -           -           -           -            60           -
         A43  USA FAM MBR RET                           -           -           -           -            67           -
         A45  USA FAM MBR DECEASED AD                   -           -           -           -            1            -
         A47  USA FAM MBR DECEASED RETIRED              -           -           -           -            7            -
         A48  USA UNREMARRIED FRM SPOUSE                -           -           -           -            3            -
         F11  USAF ACTIVE DUTY                          -           -           -           -            6            -
         F31  USAF RET LOS                              -           -           -           -            18           -
         F32  USAF RET PDRL                             -           -           -           -            1            -
         F41  USAF FAM MBR AD                           -           -           -           -            4            -
         F43  USAF FAM MBR RET                          -           -           -           -            10           -
         F47  USAF FAM MBR DECEASED RETIRED             -           -           -           -            3            -
         K53  OTHER FED AGENCY/DEPT EMPLOYEE            -           -           -           -            1            -
         M11  USMC ACTIVE DUTY                          -           -           -           -            1            -
```

Only includes Count Visits

Visit Radar Screener

Missing Workload!

```
WOMACK ARMY MEDICAL CENTER                      04 Jan 2006@1004     Page 62
                        MONTHLY STATISTICAL REPORT by GROUP
                           From: Dec 2005    To: Dec 2005
Division: WOMACK AMC FT BRAGG NC                     Department:  MEDICINE DEPT
==============================================================================
  Appt      MEPRS/DMIS         |     COUNT WORKLOAD    | NON-COUNT WORKLOAD
  Type      Code               |  # In  # Out  Total  | # In  # Out  Total
==============================================================================
CARDIOLOGY
----------
  ACUT      BACA/0089                0      3      3       0      0      0
  EST$      BACA/0089                0     45     45       0      0      0
  PROC$     AAAA/0089                0      0      0      20      0     20
            ABAA/0089                0      0      0       2      0      2
            ACBA/0089                0      0      0       2      0      2
            ADBA/0089                0      0      0       3      0      3
            AGAA/0089                0      0      0       6      0      6
            BACA/0089                2    279    281       0      3      3
  SPEC      AGAA/0089                0      0              1      0      1
            BACA/0089                0     20     20       0      5      5
  T-CON*    BACA/0089                0            16       0      2      2

Clinic Total:                            363    365      34     10     44
```

Why are these Consulting Provider Visits being reported as Non-Count?

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… The Rest of the Story

- **AHLTA entered Walk-Ins for a Consulting Provider**
- **Provider Not aware of what to select**
- **Similar prompt exists in CHCS, when Patient is Admitted**
- **High number of Outstanding Trouble Tickets, as AHLTA is known to incorrectly indicate the patient is an inpatient**

Leave Blank

Click NO

Nurse T-CON Visits!

```
WOMACK ARMY MEDICAL CENTER                    04 Jan 2006@1004     Page 287
                     MONTHLY STATISTICAL REPORT by GROUP
                       From: Dec 2005    To: Dec 2005
Division: WOMACK AMC FT BRAGG NC              Department:  FAMILY PRACTICE DEPT
===============================================================================
    Appt    MEPRS/DMIS          |   COUNT WORKLOAD   | NON-COUNT WORKLOAD
    Type    Code                | # In  # Out  Total | # In  # Out  Total
===============================================================================
WFM-TEAM INTEGRITY  (continued)
-------------------------------
  Provider: ROGNNNNNN,NURSE M
    T-CON* BGAA/0089                 0    215    215     0      0      0

  Provider: RYCNNNNNN,NURSE B
    T-CON* BGAA/0089                 0      1      1     0      0      0

  Provider: THOMNNNNN,NURSE L
    WELL$  BGAA/0089                 0      1      1     0      0      0
```

Why are these RN T-CONS being reported as Count Workload?

- **New Staff member NOT aware of the FAMILY PRACTICE T-CON Clinic and initiated all Advice Nurse T-CONS in AHLTA in TEAM INTEGRITY**
- **T-CON Started in AHLTA – MUST be COMPLETED in AHLTA**
- **T-CON Started in CHCS – MUST be COMPLETED in CHCS**
- **RN T-CONS MUST be initiated in the "Non-Count" FAMILY PRACTICE T-CON**

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Visit Quiz!

- **Provider Interpreting EKGs in a "B" MEPRS Clinic?**
  - A. Count
  - ☑ B. Non-Count
- **Advice Nurse T-CON?**
  - A. Count
  - ☑ B. Non-Count
- **Advice Nurse T-CON that results in the patient being seen by a Provider (Same Day):**
  - A. Count
  - ☑ B. Non-Count
- **Each Visit that is part of a complete or flight physical examination, performed in a separately organized clinic or specialty service?**
  - ☑ A. Count
  - B. Non-Count
- **Ward (RNDS*) Visits by a Provider from the Attending Service**
  - ☑ A. Count
  - B. Non-Count

Inpatient Administration

- **CHCS is the source system for Inpatient Admissions, Transfers and Disposition processing:**
  - Assigns OBDs at the Census Hour, to the current Clinical Service
  - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
  - Current Attending Provider used to create Industry Based Workload Assignment (IBWA) encounters
  - Provides ability to enter Clinical Service Changes during the Admission
- **Correction Management allows corrections to:**
  - Clinical Service, OBDs and Disposition Date/Time
  - Patient Category
  - Recalculates OBDs for Inpatient MSA billed charges
- **Inpatient Coding:**
  - ICD-9 Codes for Diagnosis <u>and Procedures</u>
  - Diagnosis Related Grouping (DRG Encoder/Grouper)
  - Assigned DRG represents only the Institutional Services

Corrections Management

```
Patient: HEALTHE,PATIENT                                        VIEW ADT
FMP/SSN: 30/800-26-0103          DOB: 03Jan26       PATCAT: A43    Sex: F
------------------------------------------------------------------------ TYPE
   DATE   TIME RMEPRS MEPRS  WARD     RM-BD    DAYS

  ADM 14Nov04 0118            AAAA  4SMED                  1  Reg# 1273692 (T)  ERA
  DSP 14Nov04 1500                                           Disp type: HOME
                                                            Bed days=1
                                                            Sick days=1


  ADM 11Feb05 0110            AAAA  4SMED                  0  Reg# 1276653       ERA
  WRD 11Feb05 1833  AAAA  AAHA  ICU2W                      3  Interward transfer
```

▪ **Corrections Management only supports Inpatient Admissions:**
  - Patient Admission correctly reflects Emergency Room Admission
  - Patient correctly admitted to AAAA and transferred to the ICU (AAHA)
  - AAAA is the Referring MEPRS (R-MEPRS) for OBDS
  - SIDR and WWR will contain OBDs for AAHA (ICU) however, WAM will include these OBDs within the R-MEPRS
  - Supports Patient Category changes to recalculate Inpatient MSA Charges (Requires "Super" Security Key)
  - OBD corrections impact SIDR, WWR and WAM reported workload
  - Does NOT support correcting Inpatient Ancillary Order Requesting Locations

MEPRS Activity Report

```
WOMACK AMC FT BRAGG NC                                      04 Jan 2006 1020    Page 2
                        Personal Data - Privacy Act of 1974 (PL 93-579)
                        * * * MONTHLY MEPRS ACTIVITY REPORT * * *
                             From: 01 Dec 2005   To: 31 Dec 2005


-------------------------------------------------------------------------------------
                                    BED DAY TOTALS        NO.   NO.              NO.
CODE/DMIS MEPRS DESCRIPTION          MEPRS   RMEPRS        ADM   DISP          LIVEBIRTHS
-------------------------------------------------------------------------------------
AAAA/0089 INTERNAL MEDICINE          407    (122)          96   102                 0
AABA/0089 CARDIOLOGY                    1                    1     1                 0
ABAA/0089 GENERAL SURGERY            358     (45)          101   103                 0
ABFA/0089 ORAL SURGERY                16                   11    11                 0
ABGA/0089 OTOLARYNGOLOGY               1      (1)           1     1                 0
ABKA/0089 UROLOGY                     26      (4)           9    10                 0
ACAA/0089 GYNECOLOGY                  48                   25    26                 0
ACBA/0089 OBSTETRICS                 589      (1)          243   249                 0
ADAA/0089 PEDIATRICS                  76      (3)          39    40                 0
ADBA/0089 NEWBORN NURSERY            633    (220)          226   232               226
AEAA/0089 ORTHOPEDICS                166                   46    49                 0
AEBA/0089 PODIATRY                    35                    9     9                 0
AFAA/0089 PSYCHIATRY                  97                   16    18                 0
AGAA/0089 FAM MEDICINE               195     (15)          70    72                 0
AGCA/0089 FAM MED OBSTETRICS          44                   22    21                 0
AGDA/0089 FAM MED PEDS                26                   17    17                 0
AGHA/0089 FAM MED NURSERY             31      (8)          14    14                14
AAJA/0089 NEUROLOGY                                         0     1                 0

    SUB TOTAL                       2749                   946   976               240
-------------------------------------------------------------------------------------
XXXA/0089 CARDED FOR RECORD ONL                            0     3                 0
YYYA/0089 ABSENT SICK                                      2     2                 0
-------------------------------------------------------------------------------------
    GRAND TOTAL                     2749                   948   981               240
```

WAM Inpatient Report

```
UIC:  W2L6AA    WOMACK AMC FT BRAGG NC                                                    04 Jan 2006 1043
DMIS ID:  0089                                                                                   Page:    3
                                           DATA SET WORKLOAD REPORT
                                   Month: Dec       Year:    2005                     (Last Data Gen 01/04/06@1026)
-----------------------------------------------------------------------------------------------------------------
DATA    Perform     Request DMIS  CPT CODE  | *CAT | *CAT | *CAT | *CAT | *CAT | *CAT |   Raw Amt     Wgt Amt    Raw Amt    Wgt Amt
SET     FCC/DMIS    FCC      ID   Lab & Rad |  1   |  2   |  3   |  4   |  5   |  9   |   Sys-Gen     Sys-Gen    Edit       Edit
-----------------------------------------------------------------------------------------------------------------
OBD     OCCUPIED BED DAYS
                    AAAA/0089               45      80     117    152     13      0       407       0.00        0        0.00
                    AABA/0089                1       0       0      0      0       0         1       0.00        0        0.00
                    ABAA/0089               94      92      66    102      4       0       358       0.00        0        0.00
                    ABFA/0089               10       5       1      0      0       0        16       0.00        0        0.00
                    ABGA/0089                0       1       0      0      0       0         1       0.00        0        0.00
                    ABKA/0089                3       1      22      0      0       0        26       0.00        0        0.00
                    ACAA/0089                6      38       0      3      1       0        48       0.00        0        0.00
                    ACBA/0089              116     456       0     13      4       0       589       0.00        0        0.00
                    ADAA/0089                0      76       0      0      0       0        76       0.00        0        0.00
                    ADBA/0089                0     594       0     12     27       0       633       0.00        0        0.00
                    AEAA/0089              138      11       9      8      0       0       166       0.00        0        0.00
                    AEBA/0089               34       0       1      0      0       0        35       0.00        0        0.00
                    AFAA/0089               87      10       0      0      0       0        97       0.00        0        0.00
                    AGAA/0089               33      28      55     79      0       0       195       0.00        0        0.00
                    AGCA/0089               15      25       0      4      0       0        44       0.00        0        0.00
                    AGDA/0089                0      26       0      0      0       0        26       0.00        0        0.00
                    AGHA/0089                0      28       0      2      1       0        31       0.00        0        0.00
                                        -------  ------- ------- ------- ------- ------- ------- --------- --------- ---------
                            Totals:        582    1471     271    375     50       0      2749       0.00        0        0.00


   *CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.
```

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WWR ICU Days

```
WOMACK AMC FT BRAGG NC               WORLDWIDE WORKLOAD REPORT - SECTION I.A.2       04 Jan 2006 1158    Page 1
DMIS ID: 0089 (Roll-up Report)                 Reporting Period: Dec 2005
                                                Calculated: 04 Jan 2006 1114
                              TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS
                                                                                      Item 00 = Basic
TYPE OF REPORT (CHECK BOX):  ()Initial  (X)Monthly  ()Final  ()Corrected              Item 01 = Live Birth
----------------------------------------------------------------------------------------------------------
Item   MEPRS/DMIS   Clinic Service          Admissions       Bed        Sick      Inpatient   Outpatient   Ambulatory**
        PATCAT                                               Days       Days       Visits      Visits      Proc Visits
----------------------------------------------------------------------------------------------------------
                    MEDICAL CARE

00     AAAA/0089    INTERNAL MEDICINE          [96]         [285]      [285]          -           -            -

        A11  USA ACTIVE DUTY                   11            30         30            -           -            -
        A31  USA RET LOS                       25            47         47            -           -            -
        A33  USA RET TDRL                       2             7          7            -           -            -
        A41  USA FAM MBR AD                     11           60         60            -           -            -
        A43  USA FAM MBR RET                    22           68         68            -           -            -
        A45  USA FAM MBR DECEASED AD            1             3          3            -           -            -
        A47  USA FAM MBR DECEASED RETIRED       8            31         31            -           -            -
        A48  USA UNREMARRIED FRM SPOUSE         2             2          2            -           -            -
        F11  USAF ACTIVE DUTY                   2             3          3            -           -            -
        F31  USAF RET LOS                       5            12         12            -           -            -
        F41  USAF FAM MBR AD                    2             4          4            -           -            -
        F43  USAF FAM MBR RET                   3             6          6            -           -            -
        F48  USAF UNREMARRIED FRM SPOUSE        1             2          2            -           -            -
        M31  USMC RET LOS                       1            10         10            -           -            -

00     AABA/0089    CARDIOLOGY                  [1]          [1]        [1]           -           -            -

        A11  USA ACTIVE DUTY                    1             1          1            -           -            -

00     AAHA/0089    MEDICAL ICU (MICU)          -          [191]      [195]          -           -            -

        A11  USA ACTIVE DUTY                                 11         15            -           -            -
        A31  USA RET LOS                        -            47         47
        A33  USA RET TDRL                       -
        A41  USA FAM MBR AD                     -            19
        A43  USA FAM MBR RET                    -            57         57
        A45  USA FAM MBR DECEASED AD            -             2          2
        A47  USA FAM MBR DECEASED RETIRED       -             2          2
        A48  USA UNREMARRIED FRM SPOUSE         -             9          9
```

- **Patients Admitted to a Clinical Service and Referred to the ICU**
- **MEPRS Reports OBDs as R-MEPRS**

SIDR Data

- **The Standard Inpatient Data Record (SIDR) is an ASCII file transmission of patient level Inpatient data, generated monthly by CHCS:**
  - Army MTFs also create in interim monthly SIDR – "D" Records Only

- **Key SIDR data elements include:**
  - Treatment MTF DMIS ID
  - Admission/Disposition Dates
  - Source of Admission/Type of Disposition
  - ICD-9-CM Diagnosis & Procedure Codes
  - Assigned DRG and Weight
  - Patient Demographics (including Patient Category and Enrollment)
  - Age at Admission
  - Occupied Bed Days per Clinical Specialty (4th Level FCC)
  - Intensive Care Unit (ICU) Days
  - MEPRS Code of the Referring Clinical Specialty for ICU Care

  See Notes view for SIDR Record Status Flags

DQ Statement 8.b)

- **# SIDR Dispositions / # WWR Dispositions:**
  - WWR includes all Admissions, OBDs and Dispositions entered into CHCS for the reporting month, as of when the WWR is generated
  - SIDR "D" records created when DRG is assigned and record Approved for transmission in the next SIDR batch

  "How To" Steps:

  Microsoft
  ord Docume
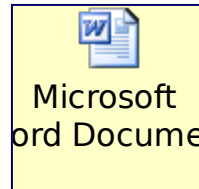
- **Includes process steps to import CHCS Text Files into Excel and create summary Pivot Data Tables**

Ancillary Orders Review

CHCS

The following were entered using BTST (1-5 Feb 06):

Order #	Type		Provider	Note
060203-05148	RX	BHA2	LACOMP	No appt for pt
060203-04573, 04583	RX	BHA2	LACOMP	
060203-04584, 04452	RX	BHA2	LACOMP	
060203-04473, 04387	RX	BHA2	LACOMP	
060203-04376	RX	BHA2	LACOMP	
060203-02853, 02834	CON	BGAI	ANTHOM	
060203-00778	CON	BGAA	FRANKH	
060202-08441	CON	BGAA	CHAMBM	
060202-03609, 02755	CON	BGAA	KIMPAS	
060202-01837	CON	BGAA	KIMPAS	
060202-01730	CON	BGAA	KIKIJ	
060202-01653	CON	BGAI	NOELM	
060202-01569	CON	BBAA	ALCOVB	
060201-08225	CON	BGAA	MEYERG	
060201-08211	CON	BGAA	MEYERG	
060201-06681	CON	BGAA	THOMAL	
060201-06347, 06308	CON	BGAA	MEYERG	

The following rad order was entered using DIAA:
060202-02930   User/Provider: Snyder/SantiagoMaldonado   Should Be: BGAA

Thanks,
Ann, DBO/BSB (MEPRS) 77299

CHCS Menu Path:
Physician Menu (OR-MD-MAIN)
  RCR - Review Clinical Results and Orders Menu (OR-REV-CLIN-RESULTS-MD)
    RVO - Review Orders -> Enter MEPRS Code to query CHCS for BFE* and BTST Orders

Provider Default Location

```
Scheduled Appointments for TEST,ANOTHER
Press <Return> to choose pre-selected appointment or use the SELECT key
to de-select appointment or select an alternate appointment.

Linking of orders provides workload credit to the clinic associated with
the appointment.
  Date/Time   Clinic/Div  HCP                    MEPRS/DMIS Type  Status
Reason
 ┌─────────────────────────────────────────────────────────────────────────┐
 * 06Aug@0807 SOCIAL/WAM   Provider,First     BFE2/0089 T-CON TEL-CON

   30Jul@1130 RTCON/RHC   Provider,First     BGAR/7143 T-CON OCC-SVC


**  Note look here and hit the Select key (*)if this is not the [YOUR
LOCATION]  This is how providers  are picking the wrong Default.   CHCS
will ask if you want to make the new clinic your Default.
 └─────────────────────────────────────────────────────────────────────────┘
Search   Help   exit
Leave pick list and return to order entry session.

Set this cl                                                    R: YES//
```

Accept default of **YES** to default to the Clinic/MEPRS displayed.

Entering **NO** will display the previous Default//

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DQ - Where to Start ??

1. **Training – Attend CHCS Training offered at your MTF**
   - If none are offered, explore options – Training needs will not go away
2. **Training – Patient Registration and Patient Look-Ups**
3. **Training – Definition of a Visit (Count/Non-Count)**
   - Non-Count Visits are OK!!
4. **Training – Appropriate Use of T-CONS**
   - T-CONS are not an alternate for E-Mail!!
5. **Establish a CHCS/AHLTA Users Forum (Steering Committee)**
   - You WILL need this to support CHCS/AHLTA
6. **Understand your MTF Business Processes:**
   - CHCS/AHLTA Support
   - Clinic Operations
   - Special Programs
   - Admissions
   - MTF Unique Systems and Ad-Hoc Reports….

DQ - Getting There...

- **Use the DQMC Program as a tool to increase awareness, track issues and implement solutions and processes to improve DQ**
- **Identify MTF Level Stakeholders and "DQ Champions"**
- **Identify data sources to conduct analysis**
- **Conduct process assessments to identify problem areas and root causes – try "Trading Spaces"**
- **Offer Staff Team Assist Visits – Meet New Staff!**
- **Establish performance metrics and measure the results**
- **Support behavior changes - Create incentives for Teamwork!!!**
- **Share successes and accomplishments**
- **Provide Feedback to staff of ALL levels of the organization**
- **Know where to go for help - Don't be afraid to ask for help!**

See Back-Up Slides for "Information Sources on the Web"

DQ Process Area Review

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification
6.

Clinical (CHCS/ADM & CHCS II)

7. Provider Medical Specialty
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion
11. Ancillary Order

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)**
15. Accurate data to study Access to Case, Quality Improvements, Business Case and Market Share Analysis

Be Prepared for the "Duration"… Data Quality is not at One-Time Effort…

Questions??

Back-Up Slides

Tri-Service Web Sites

WEB SITE	LINK (Verified as of 5 Feb 06)
CHCS Courses & Downloads ▪ **Sign Up for Notification of Courses!**	**http://www.distributivelearning.net**
CHCS Data Management* ▪ **User Guides, User Update Guides**	**http://www.chcs-dm.com/DM4CHCS/default.html**
TMA Data Quality Management Control Program	**http://www.tricare.osd.mil/rm/index.cfm?pageId=51**
Post Deployment Health Toolbox ▪ **Algorithms & Coding Guides**	**http://www.pdhealth.mil/guidelines/toolbox.asp**
TRICARE Operations Center ▪ **Access to CareTemplate Analysis** ▪ **New!! Daily Appts & PCM Reports**	**http://www.tricare.osd.mil/tools/**
MEPRS Early Warning and Control System (MEWACS) New!! v2.0	**http://www.tricare.osd.mil/ebc/rm_home/meprs/mewacsxls.cfm**

* See your CHCS Administrator for Access

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Service Web Sites

WEB SITE	LINK (Verified as of 5 Feb 06)
Army Knowledge On-Line*: ▪ **AHLTA Updates & Template Team** ▪ **Links to AF CHCS II Site**	**Log On to AKO & Follow Link:** **https://www.us.army.mil/suite/page/406**
OTSG Decision Support*: ▪ **Portal to All AMEDD Metrics/Data**	**https://ke2.army.mil/otsg/main.php?cid=57**
Army PASBA (.mil Access Only) ▪ **DQ Metrics & Coding Support** ▪ **NEW! DQ Toolkit by Statement Item**	**http://www.pasba.amedd.army.mil/**
Army MEPRS Program Office ▪ **All things MEPRS**	**http://ampo.amedd.army.mil/**
NMC Portsmouth "Nuggets" ▪ **CHCS & AHLTA How To's & SOPs** ▪ **Must See!!**	**http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp**
Air Force P2R2* ▪ **MTF Performance Analyzer**	**https://p2r2.hq.af.mil/**

* Password Required

Best of the Web

WEB SITE	LINK
American Academy of Family ■ **Practice Management Measures**	**http://www.aafp.org/x5981.xml**
TRICARE Access Imperatives ■ **Kaiser Clinic Template Model**	**http://www.tricare.osd.mil/tai/Clinic_Templating.htm**
Medical Group Mgmt Benchmarks ■ **Staffing Models** ■ **Relative Value Units**	**http://www.managedcaredigest.com/edigests/mg2000/mg2000c01.html**
E&M Coding Benchmark Analyzer* ■ **CMS Benchmarks by Specialty** ■ **Analyze your E&M Distribution**	**http://www.physicianspractice.com/tools/em_calc.html**

* Requests Zip Code to Access

Workload Data Rules!

- **SIDR:** Current Year-to-Date reporting of Inpatient Admissions data

- **SADR:** Current Year-to-Date Reporting of Outpatient Encounter* data when Coding is complete. Up to 4 Diagnosis. One E&M

  & 1st four CPT/HCPCS Codes. Does not include CPT/HCPCS Modifiers or Units of Service.

- **WWR:** Monthly statistical workload "Snapshot". Count Visits*, Admissions, Dispositions and Occupied Bed Days (OBDs by Patient Category and 4th Level MEPRS - FCC)

- **MSR:** CHCS Monthly Statistical Report. Count & Non-Count Visits by Clinic, Provider and Standard Appt Type. Helpful to validate Provider Time Reporting.

- **WAM:** Monthly reporting of workload (Inpatient, Outpatient & Ancillary for Expense Assignment System (EAS). Count Visits, Ancillary and OBDs. "Snapshot" Statistics

*A Visit is always an Encounter – but – an Encounter does not always meet the definition of a Visit